

State of New Jersey
Department of Law and Public Safety
Division of Consumer Affairs
Legalized Games of Chance Control Commission
124 Halsey Street, P.O. Box 46014
Newark, N.J. 07101
(973) 273-8000

Important Information

“Qualified organization” means a bona fide organization or association of veterans, religious congregation, religious organization, charitable organization, educational organization, fraternal organization, civic and service club, officially recognized volunteer fire company, officially recognized first aid squad, and officially recognized rescue squad, and senior citizens association or club which:

1. If incorporated, is incorporated in New Jersey as a religious corporation or as an association not for pecuniary profit and is empowered by its articles of incorporation to further one or more of the authorized purposes;
2. If unincorporated, is organized in New Jersey as a religious organization or as an organization not for pecuniary profit and is authorized by its written constitution, charter or by-laws, or by the written constitution, charter or by-laws of a parent organization of which it is a part, to further one or more of the authorized purposes;
3. Has a membership of not less than 25 persons;
4. Has actively engaged prior to its initial application for registration in serving one or more of the authorized purposes in this State for a period of not less than one year; and
5. Has received and used and in good faith expects to continue to receive and use funds from sources other than the conducting of games of chance for the furtherance of an authorized purpose.” (N.J.A.C. 13:47-1.1)

“Senior citizens association or club” means an association or club that is formed and is functioning as an organization not for profit to the benefit of its membership in general and is comprised predominantly of persons who are at least 62 years of age.” (N.J.A.C. 13:48-1.1)

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**Initial Affidavit and Application for Senior Citizen Club
or Association Registration**

ID number _____
For Office Use Only:

Organization Information:

Organization's Name		Street address	
City	State	ZIP code	County
Name of contact person		Telephone number (Include area code)	

Are you currently registered with the Division of Consumer Affairs' Charities Unit? ☐ Yes ☐ No

If "Yes," please provide Charities registration number _____ .

If the answer to the preceding question is "No," please explain the reasons for not being registered with the Charities Unit. If you need information on whether you need to register with the Charities Unit, please call (973) 504-6215.

(Use additional paper if necessary.)

AFFIDAVIT

State of New Jersey

County of _____

1. I, _____, of full age being duly sworn upon my oath, depose and say:
 - a. I am an elected officer of _____ ("Organization").
 - b. I hold the office of _____ .
2. The mailing address of the Organization is:

Street address		City
State		ZIP Code

3. The names, titles, addresses and dates of birth of all officers and trustees of the Organization are:

_____ Name and title	_____ Address	_____ Date of birth
_____ Name and title	_____ Address	_____ Date of birth
_____ Name and title	_____ Address	_____ Date of birth
_____ Name and title	_____ Address	_____ Date of birth

(Use additional paper if necessary.)

(Over)

4. Please check one:

- ☐ Applicant Organization is a corporation incorporated in the State of New Jersey in 19____. Attached to this registration application are true copies of the articles of incorporation, constitution and bylaws.
- ☐ Applicant Organization is an association which is/is not registered with the County Clerk's office in _____ (municipality and/or county), New Jersey. Attached to this registration application are true copies of the association's constitution and bylaws.
- ☐ Applicant Organization has not been formally incorporated or associated. True copies of the written authority (constitution and bylaws) under which it operates are attached to this registration application.

5. Applicant Organization is/is not chartered from a state or national organization. If the Organization is chartered from a state or national organization, give the full name, address and telephone number of the organization below:

National or State Organization's Name		Street address	
City	State	ZIP code	Telephone number (Include area code)

Attach to this application the true copies of the state or national organization's articles of incorporation, constitution and bylaws, and a copy of the charter issued to your chapter.

6. Attach to this application a list of the names and addresses of all of the individuals who are bona fide active members of the applicant Organization. (Note: Senior citizen association or club, membership must be comprised predominantly of persons above the age of 62 years.)
7. Upon dissolution of the applicant Organization, net proceeds from games of chance will be distributed by the following procedure: _____

Please indicate the provision in the articles of incorporation, bylaws or constitution that sets forth the procedure for dissolution.

8. Attach to this application a detailed financial summary of the applicant Organization's activities during the last 12 months, showing sources of income and items of expenses.
9. In making this application to the New Jersey Legalized Games of Chance Control Commission for registration as an organization qualified to conduct games of chance under the provisions of Title 5 of the New Jersey Revised Statutes and the regulations of the Legalized Games of Chance Control Commission, I swear (or affirm) that I am an elected officer of the applicant Organization and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny registration or to withhold renewal of, or to suspend or revoke a registration issued by the Legalized Games of Chance Control Commission.

I further swear (or affirm) that I fully understand that in receiving registration from the Legalized Games of Chance Control Commission, the applicant Organization agrees to be governed by N.J.S.A. 5:8-1 et seq., the Bingo Licensing Law, N.J.S.A. 5:8-24 et seq., the Raffles Licensing Law, N.J.S.A. 5:8-50 et seq., and the regulations governing the conduct of legalized games of chance.

Signature of Elected Officer
of Applicant Organization

Sworn & Subscribed before me
this _____ day of _____ year _____

Signature of Notary Public

**Return this form to:
Legalized Games of Chance
Control Commission
P.O. Box 46014
Newark, N.J. 07101**

Internet